

4491

ANNUAL REPORT

OF THE

SCHOOL MEDICAL OFFICER

TO

The Education Committee

OF THE

SALOP COUNTY COUNCIL
1935.

WILLIAM TAYLOR, M.D., D.P.H.





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Medical Staff.

School Medical Officer :

WILLIAM TAYLOR, M.D., D.P.H.

Deputy School Medical Officer :

BERNARD A. ASTLEY WESTON, M.B., Ch.B., D.P.H.

Assistant School Medical Officers :

KATHLEEN PRIESTLEY, L.S.A.

MABEL BLAKE, M.B., Ch.B.

LESLIE WILSON EVANS, M.B., Ch.B., D.P.H. (part-time).

SIDNEY S. PROCTOR, M.D., D.P.H. (resigned 31st December, 1935).

LLYWELYN ROBERTS, M.D., D.P.H. (resigned 14th December, 1935).

ELFYN T. JONES, M.R.C.S., L.R.C.P., B.Sc., D.P.H. (commenced duty 1st January, 1936).

WILLIAM AINSLIE, L.R.C.S., L.R.C.P. (commenced duty 1st January, 1936).

School Dental Officers :

STEPHEN KEENAN, L.D.S.

FRANK H. BIRCH, H.D.D., L.D.S.

GERALD R. CATCHPOLE, L.D.S.

Organiser of Physical Training :

MRS. K. W. DAVEY, Diploma of the College of Physical Education.

To the Chairman and Members of the Education Committee.

LADIES AND GENTLEMEN,

I have the honour to present my Annual Report for 1935.

The work of the year has not been characterized by any new departure of importance, but the Milk Marketing Board's Scheme for supplying milk to school children at a halfpenny per third of a pint has been making steady, if somewhat slow, progress.

The provision of even this limited quantity of milk as a daily ration is of great benefit to the health of the school children, but it does not meet the case of those children who suffer from malnutrition to an extent ascertainable by ordinary clinical examination. Although it is unusual to find that there has been an actual shortage of food in these cases, many of the children come from poor homes, and are the victims of unhygienic surroundings coupled with food of unsuitable

quality. The needs of such cases can most appropriately be met by a period of residence in an open-air school, and apart altogether from the benefit to health which can thus be secured, the special educational value of such facilities, in matters which cannot be covered by the ordinary school curriculum, is inestimable in suitably selected cases. We have at the present time no adequate facilities in the county for dealing with that very considerable group of school children.

This opportunity may also be taken of drawing special attention to the needs of another group of Exceptional children, namely, the feeble-minded. In the case of the physically defective, the blind and the deaf, the requisite educational facilities are available, but for the feeble-minded child, who is very often only distinguishable from his fellows by a certain backwardness in educational matters, very little provision has been made. Forty-two such children were ascertained during the year, and it was necessary for all but two of them to continue to attend an ordinary class in an Elementary School. It is strongly urged that, as these children cannot benefit from instruction in an ordinary elementary school, when put in a class appropriate to their age, special facilities should be provided for them by establishing Special classes for Backward Children in the larger schools located in the more populous areas, which are in most cases the new Senior Schools. Bearing in mind that there is a very much larger group of children described as dull or backward, many of whom are really border-line cases, the establishment of such special classes is well worthy of consideration by the Education Committee.

I am, Ladies and Gentlemen,

Your obedient Servant,

WILLIAM TAYLOR,

*County Medical Officer and
School Medical Officer.*

COUNTY HEALTH OFFICE,
COLLEGE HILL,
SHREWSBURY.

7th May, 1936.

AREA COVERED BY THE SALOP EDUCATION AUTHORITY, NUMBER OF SCHOOLS, DEPARTMENTS, AND CHILDREN ON REGISTER.

The area covered by the Salop Education Authority now comprises 853,665 acres, and on April 1st, 1934, when the revision of county districts under the Salop Review Order was effected, had an estimated population of 206,775. With the exception of the area represented by the Borough of Shrewsbury, which is an independent Authority for Elementary Education, it is co-extensive with the administrative county.

At the end of the year there were 314 departments, comprised in 271 schools. On 31st December, 1934, the number of children on the register was 28,589, as opposed to 27,748 on 31st December, 1935.

STAFF.

The staff consists of the Deputy School Medical Officer, five Assistant Medical Officers, one of whom holds the position of District Medical Officer of Health within the County, and three whole-time Dental Officers. Seven-tenths of the time of the Medical Officers is devoted to the work of School Medical Inspection, the remainder being given to other branches of the health services.

In addition to the Medical Officers and Dental Officers above mentioned, there are—

- 3 Dental Helpers.
- 1 Organiser of Physical Training.
- 2 Whole-time School Nurses.
- 10 Health Visitors undertaking school nursing.
- 88 District Nurses undertaking school nursing.
- 2 Nurses working independently.

The apportionment of the children amongst the nurses is as follows :—

District Nurses acting as School Nurses (88)	..	..	15,415
Whole-time School Nurses (2)	..	..	5,075
Health Visitors (10)	..	..	5,511
Nurses working independently (2)	..	..	1,950
Health Visitors and District Nurses jointly (5)	..	..	157
			*28,108

* No on Register at end of June, 1935 was used in the compilation of these figures.

CO-ORDINATION.

The areas for which the School Medical Inspectors are responsible are, as far as possible, made the same as those for which they act in their capacity as Medical Officers under the Maternity and Child Welfare Scheme. The children whom they see at the Welfare Centres under the Maternity and Child Welfare Scheme are thus the children whom, later, they examine in the schools, and sometimes treat for minor ailments in the school clinics, which are also held in the Child Welfare Centres. In addition, the Orthopaedic Clinics, at which fifty per cent. of the attendances are made by school children, are held, with two exceptions, in the same building and on the same day as the Child Welfare Centres. As the co-operation between the Assistant School Medical Officers and the Orthopaedic Surgeons who attend these clinics is very close, a further linking up of the health services is thus secured ; and, in addition, a child attending any of these clinics can be referred for examination to the Tuberculosis Medical Officers.

HYGIENIC CONDITION OF THE SCHOOLS.

In a rural county, such as Shropshire, it is quite impossible to attain anything like uniformity of standard in the hygienic condition of the schools, varying as they do in size and situated as they are both in urban and rural districts. It should be recognised, however, that many of the older schools fall far short of what is required in the matter of lighting, heating and ventilation, and that the nature of the sanitary conveniences provided in certain instances is only partly justified by the limitations imposed by the absence of public services in the localities in which the schools are situated.

The School Medical Inspectors are required to report after each visit to a school on any sanitary defects discovered at the time of the medical inspection. These are forwarded to the Secretary for Education with a view to their being dealt with by the Works Committee. In order, however, to obtain a more precise, if more general, idea of the hygienic condition of the schools in the county as a whole, a new system of sanitary supervision has been initiated. A card has been printed with a series of questions, all of which must be answered in one of three ways, namely, "good," "moderately satisfactory," and "unsatisfactory"; and as the card has been ruled in columns in such a way that it can be used for the purposes of many reports without having to be renewed, a record can in this way be kept in a convenient form of the general sanitary condition of each school. When the answer given to any question is "unsatisfactory," the Medical Inspector reports in detail on the condition so described.

The following table gives the results of the 311 inspections of schools which it has been possible to make since this system was initiated:—

	Good.	Moderately satisfactory.	Un- satisfactory.
Environment	196	93	22
Classrooms :—			
Ventilation	102	147	62
Lighting	126	136	48
Heating	92	160	58
Desks	210	82	19
Sanitation :—			
Drainage	167	109	33
Disposal of refuse	165	120	24
Sanitary Conveniences :—			
Closets—Boys	60	139	96
Girls	59	135	100
Disposal of contents	139	81	69
Urinals	42	162	90
Lavatories	85	138	84
Water Supply :—			
Drinking	160	110	39
Washing	186	88	36
Cloakrooms :—			
Accommodation	128	127	56
Means for drying Clothes and Boots	27	46	236
Cleanliness (Schoolrooms and Cloakrooms)	151	145	13
Playgrounds	62	100	146

Meals for School Children.

The health of the children is likely to be improved by arrangements whereby a really good meal can be provided in the school during the middle of the day, and at the present time the problem of how to do this is being dealt with in individual schools to varying extents by different methods. The number of schools in which a good hot meal is provided is not large, but in many schools something is being done as a result of the initiative of the head teachers, and full credit and every encouragement should be given to those who try to provide for the needs of the children in this respect.

Milk.

In 137 schools a regular supply of milk is now being provided in bottles containing a third of a pint at a cost of $\frac{1}{2}$ d. This is usually consumed in the middle of the forenoon, and as milk is the very best form of food obtainable, the needs of the children are up to a point met in this way. In a large number of schools a hot drink, usually consisting of cows' milk modified in some way and sold under a trade name, is given to the children. Although this last is all to the good and many children prefer such a drink to one consisting entirely of cows' milk, it ought to be clearly understood that the chief nutritive value of these preparations lies in the cows' milk which they contain.

Milk Marketing Board's Scheme for supplying Milk to School Children.

Arrangements for securing a daily supply of milk in schools are left to the head teachers, and under the Milk Marketing Board's Scheme for supplying Milk to school children it is now possible to obtain milk for consumption in school premises at a halfpenny per third of a pint.

The scheme requires that all milk supplied to schools should be approved by the County Medical Officer of Health, and the Board of Education states in Circular 1437 that "where a supply of efficiently pasteurised milk is available, such milk should in all cases be provided. In other areas, all possible precautions should be taken to ensure as far as practicable the safety of the supply."

When the scheme came out, two things were obvious:—

1. That an adequate supply of safe milk was not available in all areas.
2. That milk must be allowed into the schools, even if not safe, on the grounds that, although such milk might give rise to very unfortunate results in the case of certain of the children, to the children as a whole it would do a great deal of good. (This is the view which has been put forward for many years in this County, when Medical Officers of Health in certain other Counties have refrained from advocating milk consumption.)

It was decided, therefore, to approve forthwith those milks which carried with them an adequate guarantee of safety, viz., Tuberculin Tested and Pasteurised Milk, and in the areas in which these milks were afterwards found not to be available, to approve also, on general grounds, Grade A Milk, after making it clear that such approval was "formal" only and that it carried with it no guarantee of safety.

The position now is that a supply of milk, which carries with it a guarantee that it is something better than ordinary milk, is available for over one-half of the school population, but it may be that ordinary milk, carrying with it no guarantee whatsoever, will have to be allowed into the schools if a supply is to be available for all school children. It is a matter for much regret that the ordinary milk supply cannot whole-heartedly be recommended for human consumption unless it first undergoes some form of preliminary treatment such as pasteurisation or boiling. Up to the present time no milk of a lower grade than Grade A has been approved, although if a teacher is willing to boil ordinary milk, such milk is considered to conform to the required standard.

This scheme is a most important one owing to its beneficial effect on the health and nutrition of the school children, and it is very unfortunate that greater facilities for securing a supply of milk for the children are not available. Even when the farm where the milk is produced is in close proximity to the school, the producer complains that the remuneration is not commensurate with the trouble and expense involved; and this is certainly so when a small quantity of milk

has to be delivered to a country school some distance away. When one remembers that the milk must be supplied in bottles, and that these bottles have to be washed, sterilised, filled, capped, delivered, collected and replaced when they get broken, it will readily be appreciated that there is not much profit in the scheme for the milk-producers, many of whom supply the milk to certain of the schools merely on compassionate grounds, in the belief that it is good for the children.

The following are the particulars with regard to the progress of this scheme in this County :—

Total number of children on the Registers of the Secondary and Elementary Schools in this County	31,148
Number of children on the Registers of the schools which are obtaining milk under the Milk Marketing Board's Scheme	17,481
Grades of Milk supplied to these schools and the number of children for whom each special grade is available are as follows :—	
Certified Milk	45
Grade A (Tuberculin Tested) Milk	1,187
Pasteurised Milk	8,187
Boiled Milk	653
Grade A Milk	7,409
	17,481

Grants of Free Milk to Malnourished Children.

Under the above-mentioned scheme of the Milk Marketing Board the Local Education Authority can also obtain milk at the reduced rate of a halfpenny per third of a pint for the purpose of making grants of free milk to under-nourished school children.

The following information relating to and governing the provision of free meals (including milk) for school children is extracted from various memoranda, circulars, and reports issued by the Board of Education :—

- (a) The powers of the Local Education Authority in this matter are governed by Section 84 of the Education Act, 1921, the object of which is to ensure that public funds are not wasted in attempting to educate children who, owing to subnormal nutrition, are not in a fit condition to benefit from the education provided. *Free meals were never meant to be a mere form of poor relief*, and it is necessary, therefore, to relate the provision of free meals to the physical and educational capacity of the children.
- (b) The Board would regard it as proper that children should be selected who show any symptoms of subnormal nutrition, however slight. In the case of children whose nutrition is found to be subnormal, it will often be necessary to give more than one-third of a pint of milk per day.
- (c) The Board consider that the selection of children for free meals should be made on *medical grounds* by the Medical Officers of the Local Education Authority, and that when children are provided with free milk they should be re-examined from time to time to ascertain whether the provision of free milk should be continued. In addition, the Board considers that the School Medical Officers should keep under observation the results of the provision of milk for any children whether free or on payment.
- (d) The parents of some under-nourished children are in a position to pay for extra nourishment, and it is very desirable that such parents be urged to allow their children to receive milk in school on payment.

The Education Committee decided to take advantage of the Milk Marketing Board scheme, and to make grants of free milk to school children in respect of whom these conditions had been complied with, but also decided that no grant of milk should be made without an assessment of the family income.

On the 31st March, 1936, 1,009 children were getting one-third pint of milk in school at the cost of the Local Education Authority; and during the year ended 31st March, 1936, a total of 81,797 third of a pint bottles of milk, paid for by the Local Education Authority, were supplied to the children under this scheme.

EDUCATIONAL WORK OF MEDICAL OFFICERS AND OTHERS.

In addition to the instruction which the children receive from the teachers in health matters as part of the school curriculum, addresses are given by the Assistant School Medical Officers when they visit the schools if time and opportunity allow.

Summary of the Assistant Medical Officers' Addresses to School Children.

		1935		1934		1933
Dr. Blake	..	50 lectures		63 lectures		61 lectures
Dr. Proctor	..	5	„	1	„	8
Dr. Weston	..	3	„	4	„	16
Dr. Priestley	..	3	„	13	„	11
Dr. Roberts	..	2	„	—		—
Dr. Evans	..	1*	„	0		1
Dr. Harris	..	—		3	„	9
		64	„	84	„	106

* Lecture at 18 Schools during Oswestry Health Week.

FINDINGS OF MEDICAL INSPECTION.

During the year, 192 schools were visited once only, and 124 twice. This represents a total of 440 medical inspections as opposed to 520 during the previous year. Eighty less medical inspections, therefore, were carried out, and there was a decrease of 769 in the number of children who underwent routine examination.

The following are particulars of the number of children who underwent medical examination by the Assistant School Medical Officers :—

			ROUTINE EXAMINATIONS.			Special	Re-	Total.
			Aged 5.	Aged 8.	Aged 12.	Cases.	examinations.	
Dr. Weston	..	..	443	519	459	292	1,350	3,063
Dr. Blake	..	..	579	656	591	510	2,088	4,424
Dr. Priestley	..	..	522	565	482	198	1,927	3,694
Dr. Evans	..	..	407	458	379	159	846	2,249
Dr. Proctor	..	..	423	392	360	91	1,298	2,564
Dr. Roberts	..	..	627	658	523	266	2,237	4,311
Totals for 1935	..	..	3,001	3,248	2,794	1,516	9,746	20,305
Totals for 1934	..	..	3,330	3,367	3,115	789	11,289	21,890

Pediculosis.—Although this branch of the school medical service is more particularly that of the school nurses, it is convenient to include it under the findings of the school medical inspection work.

It is the policy to give every assistance and advice before prosecuting and summonses are only issued as a last resort. Prosecutions, however, are an essential part of any scheme for getting the children's heads clean, and legal proceedings were taken in 14 cases, during 1935 (and in 7 cases during the previous year). One case was cautioned, and in the remainder fines ranging from 5/- to 15/- were imposed.

The following are the particulars of the *primary* inspections during the years 1934 and 1935 :

			Primary Inspections.	No. of Children.	No. Verminous.	Percentage Verminous.
1934			1109	86008	3475	4.0
1935			1186	85936	2954	3.4

Below are details of the findings at *subsequent* inspections in the case of those found verminous at the first inspections :—

No. of following-up inspections.			No. verminous at inspections.			
			Second.	Third.	Fourth.	Fifth.
1934 ..	1736		1710	587	266	69
1935 ..	1594		1346	480	183	104

During the year the percentage of children found verminous on primary inspection was 3.4, a decrease of 0.6 per cent. on the previous year. The percentage of verminous heads for 1935 is therefore the lowest which has yet been recorded.

Year	Percentage verminous.	Year	Percentage verminous.
1920	14.0	1932	4.4
1925	7.5	1933	4.3
1930	4.9	1934	4.0
1931	4.5	1935	3.4

Ringworm.—Of the children examined by the Medical Inspectors, none was found to be suffering from ringworm of the scalp, but 89 cases were notified by the teachers, although these were not usually based on medical opinion.

Defects of Nose and Throat.—Of the 9,043 children belonging to the code groups who were examined, 336 or 3.7 per cent. required treatment on account of diseases or defects of the throat and nose. Inclusive of special cases, there were in all 1,364 children who were found at medical inspections during the year to be suffering from defects of the throat and nose, of whom 385 required treatment, 979 being kept under observation. Of those recommended for treatment, the following are the particulars :—

	Tonsils only.	Adenoids only.	Tonsils and Adenoids.	Total.
1931 ..	607	73	439	1119
1932 ..	342	53	235	630
1933 ..	223	54	157	434
1934 ..	224	30	125	379
1935 ..	218	20	122	360

Tuberculosis.—Cases of tuberculosis amongst school children are discovered by the Medical Inspectors, either in the course of ordinary routine inspection or by the examination of cases specially referred to them by teachers or school nurses ; and in addition, all school children who come from homes in which a case of phthisis has been diagnosed are the subject of special examination at each medical inspection. Of 595 children from phthisis homes, 509 were examined by the medical inspectors, and 20 suspected cases were referred to the Tuberculosis Medical Officers for further examination.

The particulars regarding the total number of school children from all sources examined by the Tuberculosis Medical Officers during the year are as follows :—

No. of Children examined.	Pulmonary Tuberculosis.			Non-pulmonary Tuberculosis.		
	Diagnosed.	Suspected.	No evidence.	Diagnosed.	Suspected.	No evidence.
203	5	10	114	40	3	31

Eye Defects.—There were 495 children with defective eyesight or squint requiring treatment, and 194 with lesser degrees of defect that needed to be kept under observation. Of the children requiring treatment, 415 belonged to the code groups, and 80 were special cases. As children aged 5 are not systematically examined for defective eyesight, the code group cases are mostly aged 8 and 12, and the percentage amongst these children needing treatment was 6.0.

The following table shows the percentage of children at the age of 12 requiring treatment for eye defects since the war :—

Year	Percentage of defects.	Year	Percentage of defects.
1920	10.2	1930	8.9
1925	7.9	1935	5.6

Ear Disease and Hearing.—Forty-two routine cases and 12 special cases were referred for treatment either on account of deafness or otorrhoea, or both. The figures for the previous year were, 48 routine cases and 12 special cases.

Dental Caries.—The following tables show percentages of dental caries at the various age periods amongst the children examined. For the purpose of these statistics teeth which have been extracted or filled are included with the decayed teeth. The percentages of decayed teeth found by the School Medical Inspectors correspond fairly closely with those given by the School Dental Officers.

	Age 5.			Age 8.			Age 12.		
	No. of children Examined.	Average No. of decayed teeth per child.	Percentage of children free from caries.	No. of children Examined.	Average No. of decayed teeth per child.	Percentage of children free from caries.	No. of children Examined.	Average No. of decayed teeth per child.	Percentage of children free from caries.
Dr. Blake	454	4.5	17	604	4.5	9	583	1.7	33
Dr. Evans	297	3.1	30	412	2.3	23	357	1.2	43
Dr. Priestley	474	5.0	14	525	4.0	8	473	1.8	30
Dr. Weston	345	4.4	17	472	5.2	7	437	1.7	36
Dr. Roberts	512	3.0	26	642	3.5	12	529	1.9	30
Dr. Proctor.. ..	352	3.9	17	335	3.9	10	326	1.8	30
	2434	4.0	20	2990	3.9	11	2705	1.7	33
Dental Officers	2344	4.0	19	3254	3.6	7	3101	1.8	24

The following table gives in detail the results of inspection by the School Dental Officers of children of all ages, and it will be observed that between the ages 5 and 13 the average number of decayed teeth per child tends to diminish; it will also be noted that the percentage of children free from active caries tends to increase from the age of eight years, and that 23 per cent. of the children of school leaving age are found to be free from all signs of active dental caries.

Age	Under 5	5	6	7	8	9	10	11	12	13	14
Average number of teeth decayed ..	3.6	4.0	4.2	4.1	3.6	3.0	2.5	2.1	1.8	1.8	2.1
Percentage of children free from caries ..	32	19	12	8	7	9	14	19	24	26	23

Average number of decayed teeth per child found by the Medical Inspectors in the years 1920—1935 is as follows. This table shows that during the last five or six years there has been a gradual increase in the average number of decayed teeth per child, which is very disconcerting but which is difficult to account for.

Year	Age 5.	Age 8.	Age 12.
1920 ..	2.16	3.8	2.1
1925 ..	3.1	3.4	1.6
1930 ..	3.2	2.7	1.8
1931 ..	3.8	3.1	1.6
1932 ..	3.7	3.1	1.5
1933 ..	3.8	3.4	1.5
1934 ..	4.0	3.8	1.6
1935 ..	4.0	3.9	1.7

Crippling Defects.—The numbers of these defects found at the routine medical inspections were :—rickets 54, spinal curvature 97, other forms 543.

School children found to be in need of treatment are admitted to the Robert Jones and Agnes Hunt Orthopaedic Hospital.

Particulars of cases admitted to Hospital for Treatment.

Congenital Defects and Deformities.

(a)	Feet	9 cases or 10.23 per cent. of admissions.
(b)	Spine	1 „ 1.14 „ „
(c)	Hip	3 „ 3.41 „ „
	A total of	13 „ 14.78 „ „

Acquired Deformities.

(a)	Spine	9 cases or 10.23 per cent. of admissions.
(b)	Knees	1 „ 1.14 „ „
(c)	Feet	5 „ 5.68 „ „
(d)	Hand	1 „ 1.14 „ „
	A total of	16 „ 18.18 „ „

Diseases of Bones and Joints.

(a)	Tubercular	..	..	21	cases or 23.86 per cent. of admissions.
(b)	Non-tubercular	..	..	14	„ 15.91 „ „
	A total of	..	..	35	„ 39.77 „ „

Diseases of Nervous System.

(a)	Poliomyelitis (old cases)	9	cases or 10.23 per cent. of admissions.
(b)	Paraplegia	..	.. 4 „ 4.55 „ „
	A total of	..	.. 13 „ 14.78 „ „

Injuries.

(a)	Fractures and Dislocations	..	11 cases or 12.5 per cent. of admissions.
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Goitre.—Although simple goitre in Shropshire is not uncommon, it cannot be said to be seen very frequently in school children. It is found more frequently in girls than in boys, especially in the later years of school life. The following are the figures for 1935 :—

	Boys.			Girls.			Total.
	Entrants.	Inter.	Leavers.	Entrants.	Inter.	Leavers.	
No. of children	1547	1701	1366	1454	1547	1428	9043
Cases of Goitre	0	1	8	1	8	18	36

Dull and Backward Children.—During the year there were 213 *new* cases of retardation, the degree of retardation varying from one to five years, of which the following are the particulars :—

Causes of Retardation.	No. of children.	Degrees of retardation expressed in years.				
		1 year	2 years	3 years	4 years	Not stated.
Mental Deficiency	2	..	..	..	2	..
Suspected Mental Deficiency	9	..	4	2	2	1
Innate dullness	159	11	110	36	2	..
Insufficiency of education	10	..	8	1	..	1
Physical defects	4	3	1	..	..	..
Bad Home Conditions	8	3	3	1	..	1
Shyness	2	1	..	1	..	..
No Diagnosis	19	8	7	1	..	3
	213	26	133	42	6	6

In addition, 987 children, diagnosed as dull and backward *in previous years*, were re-examined, the findings in connection with whom were as follows :—

Mentally defective	24
Doubtful cases of mental deficiency	27
Backward, but not improving	664
Backward, but improving	260
Now normal	12

Nutrition.—The Medical Inspection Committee has issued an instruction that all children attending ordinary elementary schools, who qualified on nutritional grounds to receive milk in school, free or on payment, should be ascertained. This ascertainment is at present in process of being carried out, but in order to cover all the school children in the County time is required. The procedure adopted is to report on the nutrition of each child brought forward for Routine medical examination, and at the same time to ask the Head Teacher and School Nurse to bring forward for special examination any children who in their opinion are in need of extra nourishment.

Since the issue of the last report, the Board of Education have somewhat modified the classification hitherto employed for the purpose of indicating the state of nutrition of school children. The nutrition of each child is, for statistical purposes, now expressed under the following designations :—Excellent, normal, slightly sub-normal, bad.

During the year, the nutrition of 9,043 children was indicated as a result of routine inspection. Particulars of the findings of the Medical Officers in this respect are given in Table II B. on page 30, but the contents of that table may be briefly summarised by stating that the nutrition of 8.15 per cent. of the children is excellent, of 79.95 per cent. is normal, of 11.5 per cent. is slightly sub-normal, and of .40 per cent. is bad.

INFECTIOUS DISEASES.

Notifications.—The following table gives the notifications which were sent in during 1935 by the *Head Teachers*. For purposes of comparison those received during the previous year are also given.

	1935	1934		1935	1934
Coughs and Colds and					
Sore Throats	3733	3269	Impetigo	176	219
Measles	2049	1962	Mumps	150	297
Influenza	1175	274	Ringworm	89	111
Chicken-pox	805	848	German Measles	51	112
Whooping Cough	594	789	Conjunctivitis	42	30
Scarlet Fever	206	388	Bronchitis	31	20
Diphtheria	180	99	Tonsillitis	26	27
Other Diseases	179	103	Scabies	19	22

It will be noticed that the commonest causes of exclusion from school in both years were coughs, colds, sore throats and measles. There was, however, a large increase in the number of cases of influenza; and the number of cases of diphtheria, the most serious of the commoner forms of infectious disease, was just about doubled.

Certificates of Exclusion.—1,243 certificates of exclusion from school on account of infectious disease and other conditions were sent in by the *Assistant School Medical Officers and Tuberculosis Officers*, of which the following are the particulars :—

Impetigo	145	Bronchial Catarrh ..	62
Coughs and Colds	60	Rheumatism	34
Sore Throat	15	Suspected Phthisis ..	14
Tonsillitis	140	Whooping Cough	6
Debility	66	Otorrhoea	29
Bronchitis	33	Chorea	19
Scabies	24	Mumps	14
Influenza	11	Tubercular Peritonitis ..	2
Tuberculous Glands ..	29	Chicken-pox	34
Heart Conditions	3	Anaemia	34
Ringworm of Body ..	56	Conjunctivitis	29
Ringworm of Scalp ..	9	Various Conditions ..	366
Pulmonary Tuberculosis ..	9		

Closure of Schools.—During the year 26 schools were closed by the Local Education Authority to prevent the spread of infectious disease, and below are given particulars of school closures during the year :—

Measles	12
Diphtheria	11
Scarlet Fever	2
Whooping Cough	1

In twelve instances attempts were made to prevent outbreaks of measles by closing the schools for about a week, six or seven days after the occurrence of the first case, with the following result :—

In 6 instances no further cases occurred. Closure in these cases must therefore be considered to have been without effect and, therefore, unnecessary.

In 3 instances cases occurred during closure, and further cases developed on re-opening. Closure again proved to be without effect.

In 3 instances no cases occurred during closure, but one or more cases developed on re-opening. Again closure did not justify itself as these bore no relationship to the first cases.

In all twelve instances, therefore, the attempt to prevent the spread of infection by closure of the schools proved, in the case of measles, a failure.

FOLLOWING-UP.

The whole of the following-up, except such assistance as is given from time to time by the Attendance Officers, is done by the School Nurses. The following statement shows how cases recommended for treatment are visited and gives particulars of the number of visits paid :—

	No. of cases.	No. not visited.	Total visits.
District Nurses (88)	2236	219	5697
Nurses working on their own account (2) ..	254	34	587
Whole-time School Nurses (2)	589	17	2135
Whole-time Health Visitors (10)	940	131	1795
Total for 1935 ..	4019	401	10214
Total for 1934 ..	3711	328	9674

FACILITIES FOR TREATMENT PROVIDED BY THE COUNTY COUNCIL.

The following arrangements have been made to provide treatment for school children at hospitals and at clinics held in the County :—

At Hospitals :—

Eye Defects—Eye, Ear and Throat Hospital, Shrewsbury ; Kidderminster Hospital ; Newtown Infirmary.

Ear Defects—Eye, Ear and Throat Hospital, Shrewsbury.

Throat Defects—Eye, Ear and Throat Hospital, Shrewsbury ; Kidderminster Hospital ; The Lady Forester Hospitals at Broseley and Much Wenlock ; Oswestry, Wellington, Ellesmere, Chirk, and Shifnal Cottage Hospitals.

Orthopaedic Conditions—Robert Jones and Agnes Hunt Orthopaedic Hospital.

Pulmonary Tuberculosis—King Edward VII. Memorial Sanatorium, Shirlett ; Prees Heath Sanatorium.

At Clinics :—

School clinics for minor ailments are held at Bridgnorth, Church Stretton, Dawley, Ellesmere, Highley, Ludlow, Ironbridge, Market Drayton, Newport, Oakengates, Oswestry, Wellington, Wem and Whitchurch. These are attended daily by the school nurses, and are visited once a week by the Assistant School Medical Officers, with the following exceptions :—Newport, which is held daily but is only visited fortnightly by the medical officer, and Church Stretton, Ellesmere, Highley, and Wem, which are only held fortnightly.

Eye clinics are held from time to time at Bishop's Castle, Bridgnorth, Highley, Shifnal, Ellesmere, Ironbridge, Cleobury Mortimer, and Whitchurch, and attended by an Assistant School Medical Officer.

An Eye Clinic at Oswestry is held occasionally and attended by a general practitioner with special experience in eye work.

Eye Clinics attended by specialists are held weekly at Ludlow, and occasionally at Market Drayton.

Orthopaedic Clinics, attended by the staff of the Robert Jones and Agnes Hunt Orthopaedic Hospital, are held weekly at Oswestry, Shrewsbury and Wellington, and fortnightly at Bridgnorth, Dawley, Ellesmere, Ironbridge, Ludlow, Market Drayton, Newport, Oakengates, Wem and Whitchurch.

Tuberculosis Clinics are held at Bridgnorth, Ludlow, Oswestry, Shrewsbury, Wellington, and Whitchurch.

X-Ray Treatment for ringworm is provided at a clinic in Birmingham by special arrangement with the Birmingham Education Authority.

Skin Disease.—In addition to 801 children treated at the County Council School Clinics, particulars of which are given on page 18, 2 cases were sent to Birmingham for X-Ray treatment for ringworm.

Tuberculosis.—Three school children suffering from phthisis were admitted to the Shirlett Sanatorium during the year. Children suffering from tuberculosis of the bones and joints were dealt with at the Robert Jones and Agnes Hunt Orthopaedic Hospital, and are included in the particulars given below.

Crippling Defects and Orthopaedics.—The following is a summary of cases of all ages treated at the Robert Jones and Agnes Hunt Orthopaedic Hospital during 1935, and paid for by the Public Health and Medical Inspection Committees :—

Disease.	Under 5 years of age.	5—16 years of age.	Over 16 years of age.	Total.
<i>Congenital Defects and Deformities :—</i>				
(a) Feet	1	9	..	10
(b) Erbs Palsy .. .. .	..	..	..	..
(c) Spine .. .. .	..	1	..	1
(d) Hip	4	3	..	7
<i>Acquired Deformities of :—</i>				
(a) Spine	1	9	..	10
(b) Hip .. .. .	..	..	..	..
(c) Knees .. .. .	..	1	..	1
(d) Feet	1	5	..	6
(e) Hand .. .. .	..	1	..	1
<i>Rickets</i>	1	..	..	1
<i>Diseases of Bones and Joints :—</i>				
(a) Tubercular	6	21*	28	55
(b) Non-Tubercular .. .. .	..	14	..	14
<i>Injuries and Diseases of Nervous System :—</i>				
(a) Poliomyelitis (acute) .. .. .	..	..	..	..
(old cases)	2	9	..	11
(b) Paraplegia .. .. .	..	4	..	4
(c) Other .. .. .	..	..	..	..
<i>Injuries :—</i>				
(a) Fractures and Dislocations	3	11	..	14
Total for 1935	19	88	28	135
Total for 1934	20	94	33	147

* Includes 4 Shrewsbury Borough School Children.

In addition to those treated in the Orthopaedic Hospital during the year, a much larger number of cases received treatment at the various After-Care Centres. Some of these cases had already received in-patient treatment at the hospital, but most of the patients had never received hospital treatment, as the orthopaedic defect being only of a minor nature, in many instances as a result of early detection, it was possible to give the necessary remedial exercises or other simple forms of treatment of a preventive nature without admission to hospital.

Full particulars of the patients attending the Orthopaedic Clinics are given in the tables facing this page, but the following is a summary of the attendances and cases dealt with at these centres during 1935 :—

No. of attendances	13,098†
No. of patients treated	2,041
No. on the books on 1st January	1,271
No. on the books on 31st December	1,338
No. of new cases	770
No. of cases discharged	496

In addition, 99 cases were examined and no treatment found necessary. There were also 207 attendances for supervision of appliances.

† 1,883 under five years ; 6,707 five to sixteen years ; 3,166 over sixteen years, and 1,342 tubercular cases—all ages.

ADMINISTRATIVE COUNTY OF SHROPSHIRE (i.e., EXCLUDING SHREWSBURY BOROUGH NON-TUBERCULAR CASES).—1935.

Diagnosis.	Total treated.			Cured.			Improved.			Refused treatment.			Left District.			Treated elsewhere.			No improvement.			Died.			Number on Books.			On Appliance Supervision.		
	—5	5—16	16+	—5	5—16	16+	—5	5—16	16+	—5	5—16	16+	—5	5—16	16+	—5	5—16	16+	—5	5—16	16+	—5	5—16	16+	—5	5—16	16+	—5	5—16	16+
1. Arthritis	1	9	90	..	1	13	..	1	8	1	2	1	2	1	7	48	15
2. Congenital Deformities ..	35	53	10	1	3	..	..	1	..	2	3	..	1	1	..	..	..	..	..	..	1	..	..	30	44	5	..	1	5
3. Claw Foot	1	33	37	..	6	..	..	1	1	..	5	4	..	..	1	..	1	..	..	..	..	..	1	20	19	..	..	12	
4. Erb's Palsy	4	4	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	3	4	..	..	..	..
5. Flat Foot	12	98	107	..	7	1	..	3	1	4	15	20	..	1	1	1	1	1	8	69	51	..	2	31
6. Hallux Rigidus .. ..	..	2	4	..	..	1	..	1	1	..	..	1	..	..	..	..	..	..	..	..	..	..	..	1	1	..	..	..
7. Hallux Valgus	1	4	34	..	..	1	..	..	1	..	..	2	..	..	..	..	..	2	..	..	..	..	..	1	4	19	..	..	9
8. Injuries	5	55	177	4	24	29	..	5	23	..	2	9	..	..	4	..	..	1	..	..	..	..	..	1	23	82	..	1	29
9. Knock-knees	29	60	1	..	4	..	..	..	..	4	10	..	..	..	..	..	..	..	..	..	..	..	..	25	46	1	..	..	..
10. Osteomyelitis .. ..	..	15	12	..	..	..	..	..	1	..	..	2	..	1	..	..	..	..	..	..	..	..	..	..	14	8	..	..	1
11. Poliomyelitis	3	43	40	..	1	..	..	1	1	..	1	..	..	..	2	..	..	..	..	..	..	..	..	3	36	12	..	4	25
12. Rickets	24	16	2	3	2	..	..	1	..	6	2	..	..	..	..	..	..	..	..	..	..	..	..	15	11	2	..	..	..
13. Bad Posture	1	37	11	..	..	..	..	1	2	..	5	4	..	..	1	..	..	..	..	..	..	..	..	1	31	4	..	..	..
14. Scoliosis .. ..	..	24	19	..	2	1	..	..	1	..	2	1	..	..	..	..	..	..	..	..	..	1	..	..	19	8	..	..	8
15. Spastic Diplegia	2	4	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	1	4	..	..	..	..
16. Spastic Hemiplegia	3	16	12	..	..	..	..	..	..	..	1	..	..	1	1	..	1	..	..	..	..	..	1	3	12	4	..	1	6
17. Spastic Monoplegia	3	1	2	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	3	..	2	..	..	..
18. Spastic Paraplegia	3	11	4	..	..	..	..	..	..	..	1	..	1	..	..	..	1	..	..	..	..	..	..	2	10	3	..	..	1
19. Surgical Tuberculosis ..	8	49	96	..	1	1	..	1	5	..	1	1	..	..	1	..	1	..	..	..	..	..	..	8	45	67	..	..	21
20. ? Surgical Tuberculosis ..	1	2	5	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	2	5	..	..	..
21. Torticollis	3	7	..	..	2	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	2	5	..	..	..	..
22. Spasmodic Flat Feet .. ..	..	8	14	..	1	..	..	..	..	..	..	1	..	..	..	..	1	..	..	..	..	..	..	..	5	7	..	1	6
23. Perthes' Disease .. ..	..	4	2	..	1	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	3	..	..	..	1
24. Injury to Cartilage .. ..	..	..	9	..	..	4	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	3	..	..	1
25. Muscular Dystrophy .. ..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1
26. Others	32	83	95	2	11	10	1	2	8	..	9	9	1	1	6	1	1	..	27	59	37	..	1	24
Totals	171	638	784	10	66	48	1	17	60	18	58	62	3	6	12	1	4	12	1	..	1	1	2	5	136	474	388	..	11	196
	1593			124			78			138			21			17			2			8			998			207		

N.B.—Cases from the Borough of Shrewsbury (with the exception of tuberculous patients) are excluded from this Table.

PREVENTIVE CASES.

Diagnosis.	Total treated.			Cured.			Improved.			Refused treatment.			Left District.			Treated elsewhere.			No improvement.			Died.			On Books		
	—5	5—16	16+	—5	5—16	16+	—5	5—16	16+	—5	5—16	16+	—5	5—16	16+	—5	5—16	16+	—5	5—16	16+	—5	5—16	16+	—5	5—16	16+
1. Claw Foot .. ..	..	7	1	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	6	1
2. Flat Foot	38	157	3	..	7	1	..	7	..	9	26	..	..	2	..	..	..	..	..	..	..	..	..	..	29	115	2
3. Knock-knees	46	83	..	2	8	..	..	..	..	7	10	..	..	1	..	..	..	..	..	..	..	..	..	..	37	64	..
4. Rickets	21	1	..	1	..	..	..	..	..	8	..	..	..	..	..	..	..	..	..	..	..	..	..	..	12	1	..
5. Bad Posture	1	50	3	..	2	..	..	..	..	..	8	..	..	..	..	..	..	..	..	..	..	..	..	..	1	40	3
6. Others	14	20	1	1	1	..	1	..	..	1	3	..	..	..	..	..	..	..	..	..	..	..	..	..	11	16	1
Totals	120	318	8	4	18	1	1	7	..	25	48	..	..	3	..	..	..	..	..	..	..	..	..	..	90	242	7
	446			23			8			73			3			..			..			..			339		

	On Books 1/1/35.	Admitted during 1935.	No. Treated during 1935.	Discharged during 1935.	On Books 31/12/35.	On Appliance Supervision 31/12/35.	Attendances during 1935.
— 5 years	148	134	282	65	217	..	1,883
5—16 years	558	348	906	226	669	11	6,707
16 + years	427	264	691	193	323	175	3,166
Tubercular Cases—all ages ..	138	24	162	12	129	21	1,342
Totals	1,271	770	2,041	496	1,338	207	13,098

Also :—99 cases were examined—" No treatment found necessary."

Eye Defects.—Twelve hundred and sixteen children were treated for defects of vision, particulars being given below. In addition, 30 children received treatment for other defects or diseases of the eyes and five children were operated on for squint.

Hospital or Clinic.	Number of Children seen.	Glasses prescribed.	Glasses obtained.	No change of Glasses ordered.	Other treatment.	Visit to Salop Hospital advised.	No. Glasses or treatment necessary.	Told to return for treatment but did not do so.
Salop Eye, Ear and Throat Hospital ..	717	420	420	209	35	..	46	7
Ludlow Eye Clinic..	141	125	125	2	5	..	9	..
Oswestry Eye Clinic	98	86	85	5	..	2	5	..
Market Drayton Eye Clinic	58	36	36	5	6	..	11	..
Kidderminster Hospital	25	21	21	3	1	..	..	..
New town Infirmary	1	1	1	..	..	..	..	..
Assistant School Medical Officer at Whitchurch Eye Clinic	49	38	38	6	..	5	..	..
Bridgnorth do.	22	18	18	..	1	3	..	..
Ellesmere do.	18	14	14	3	1	..	..	..
Bishop's Castle do.	15	11	11	2	..	2	..	..
Ironbridge do.	13	10	10	1	..	2	..	..
Shifnal do.	11	7	7	1	..	2	1	..
Totals for 1935 ..	1168	787	786	237	49	16	72	7
Totals for 1934 ..	1216	857	855	232	42	9	76	..

Ear Disease and Hearing.—The ear conditions on account of which children are referred to hospital for treatment are chiefly intractable otorrhoea and deafness. In most cases of otorrhoea there is usually an accompanying degree of deafness, but in a small number of cases deafness of somewhat obscure origin is the only condition recognised to be present. In the past six years the number of children referred to hospital on account of ear conditions has varied from 27 to 59, and the following are the particulars for 1935 :—

No. sent to hospital for treatment	27	Remedied	17
		Improved	8
		No change	2

Diseases of the Nose and Throat.—Thirteen children suffering from purely nasal conditions were seen at the Salop Eye, Ear and Throat Hospital, and 12 were found to require treatment.

The commonest conditions, however, which necessitated hospital treatment were unhealthy tonsils and adenoids, particulars of which are as follows :—

Hospital.	Number of Children seen.	Operated on.	Other treatment.	No treatment necessary.
Salop Eye, Ear and Throat Hospital	120	120	..	..
Broseley and Wenlock Hospitals	34	34	..	..
Oswestry Cottage Hospital	37	37	..	..
Ellesmere Cottage Hospital	8	8	..	..
Wellington Cottage Hospital	95	95	..	..
Chirk Cottage Hospital	6	6	..	..
Shifnal Cottage Hospital	8	8	..	..
Kidderminster Hospital	6	6	..	..
Totals for 1935	314	314	..	..
Totals for 1934	367	366	..	..

In addition to the above, 54 cases were operated on under private arrangements, making a total of 358 operations for the year 1935.

Reports received from the Medical Officers on 359 children who had undergone operative treatment for tonsil and adenoid conditions showed, on the whole, a very great improvement in the health of the children, although in a number of cases the tonsils and adenoids had not been completely removed. Below is given in tabular form a brief summary of these reports :—

No. of children operated on				No. of cases completely dealt with.	Cases not completely dealt with.		
For Tonsils and Adenoids.	For Tonsils only.	For Adenoids only.	Total.		Tonsils.	Adenoids.	Tonsils and Adenoids.
259	98	2	359	325	16	..	18

EFFECTS OF OPERATION UPON HEALTH.

				<i>Cured.</i>	<i>Improved.</i>	<i>Not improved.</i>
General Health	..	..	..	—	261	7
Mouth Breathing	..	..	..	65	25	8
Otorrhoea	..	..	..	11	3	1
Deafness	..	..	..	3	4	—
Catarrhal Symptoms	..	..	..	25	61	7
Enlarged Glands	..	..	..	151	39	16
Minor Deformities	..	..	..	3	1	—
Bronchitis	..	..	..	3	3	1
Sore Throats	..	..	..	9	—	—

School Clinics for Minor Ailments.

Table showing conditions for which treatment was received.

Defect or Illness.	Children referred at S.M.I.	Other Children.	Examinations by M.O.	Attendances.	Results of Treatment.		
					Remedied.	Improved.	Unaltered.
Skin :—							
Ringworm—head	3	17	33	173	17	3	..
Ringworm—body	4	34	49	294	29	5	4
Scabies .. ..	..	28	61	252	28	..	..
Impetigo	8	297	404	2563	300	3	2
Minor Injuries	17	599	581	4006	600	4	11
Other skin diseases	7	403	470	3102	395	7	8
Ear Disease	26	143	356	2399	130	24	14
Eye Disease (external and other)	52	219	371	1660	207	49	14
Verminous conditions	1	41	2	127	42	..	..
Tonsils and Adenoids	11	36	84	97	44	3	..
Other conditions	230	1245	1827	6239	1183	105	125
Total for 1935 ..	359	3062	4238	20912	2975	203	178
Total for 1934 ..	208	3409	4876	22446	3096	274	144

Table showing attendances at each Clinic.

Clinic.	Children referred at S.M.I.	Other Children.	Examinations by M.O.	Attendances.	Results of Treatment.		
					Remedied.	Improved.	Unaltered.
Bridgnorth	3	380	313	2588	378	5	..
Dawley	23	132	447	2467	143	11	1
Ludlow	13	362	351	2400	366	7	2
Ironbridge	5	419	427	2737	393	21	9
Market Drayton	145	372	734	3611	458	40	19
Newport	38	50	68	288	86	2	..
Oakengates	24	264	548	1550	252	32	4
Oswestry	51	550	485	2122	418	41	78
Wellington	56	342	373	1495	366	28	4
Whitchurch	1	191	492	1654	115	16	61
Totals for 1935 ..	359	3062	4238	20912	2975	203	178

Teeth.—The success or failure of the Dental scheme must depend upon the amount of sepsis removed and the number of permanent teeth saved, and not upon the refinements of dental treatment. Children of all ages in the schools are dealt with at each visit of the Dental Officer. Not only are all ages dealt with, but the schools are now being visited on an average about once in ten months. The results of inspection and treatment are given in the tables at the end of the report.

In one school inspection only was done. In the remaining schools both inspection and treatment were carried out. In 32 schools treatment was given twice during the year, and in 11 schools which were inspected twice, the second treatment was not given until 1936.

The number of unsaveable permanent teeth is a measure of the imperfection of the dental scheme. In 28,527 examinations of children, only 3,186 unsaveable permanent teeth were found, and 2,699 of these were due to refusal of treatment at the previous inspection. Only 487 can therefore be legitimately attributed to any shortcomings of the scheme. Of this number, 213 were due to lack of opportunity to complete the treatment of the mouth on the previous occasion, 67 were due to unusually long inter-inspection period, and only 207 were due to the fact that the caries was so rapid as to destroy the tooth in the ordinary inter-inspection period. These figures show that if there were no refusals, and no extra long periods between inspections, there would be very few permanent teeth destroyed. In the East of the County the total number of unsaveable teeth apart from refusals, was only 31.

Including 881 cases brought forward from 1934, a total of 15,408 children were referred for treatment and 9,835 were treated. Details regarding the 5573 children not treated are given below.

It is satisfactory to note that the number of children whose parents refused to accept treatment fell by 514 as compared with the previous year.

Area of County.		Referred for Treatment.	Refusals.	Absent on day of Treatment.	Left School.	To be treated next year.	Treatment deferred.
East (Mr. Birch) .. ..	..	5039	1121	187	35	596	0
South (Mr. Keenan) .. ..	..	5003	1040	69	13	153	58
North (Mr. Catchpole) .. ..	..	5366	1557	194	42	465	43
Totals for 1935 .. ..	..	15408	3718	450	90	1214	101
„ 1934 .. ..	..	15484	4232	410	90	881	78

The table below shows the schools in which the percentage of "consents" was either unusually high or unusually low. The number of schools in which the number of "consents" was 90 per cent. or more of those referred for treatment was 41, an increase of 16 as compared with the previous year; and the number of schools in which the number of consents was 50 per cent. or less of those referred for treatment was 15, a decrease of 19 as compared with the previous year.

SCHOOLS WITH CONSENTS OF 90 PER CENT. OR OVER.

School.						School.					
Barrow	..	..	..	..	100	Longden-on-Tern	..	..	..	..	93
Kynnersley	..	..	..	..	100	Acton Burnell	..	..	..	..	92
Sutton Maddock	..	..	..	..	100	Richard's Castle	..	..	..	..	92
Eyton	..	..	..	..	100	Cardington	..	..	..	..	92
Stanton-on-Hine-Heath	..	..	..	..	100	Tuck Hill	..	..	..	..	92
Oswestry Council Infants	..	..	..	..	100	Cleobury Mortimer Boys	..	..	..	..	92
Woodcote	..	..	..	..	98	Quatt	..	..	..	..	91
Loughton	..	..	..	..	97	Bucknell	..	..	..	..	91
Whitton and Greete	..	..	..	..	97	Upton Magna	..	..	..	..	91
Lilleshall	..	..	..	..	97	Eaton Constantine	..	..	..	..	91
Lee Brockhurst	..	..	..	..	97	Langley Council Girls	..	..	..	..	91
Frankton	..	..	..	..	97	Hadley Council Girls	..	..	..	..	91
Westbury Forest	..	..	..	..	95	Ketley Bank Council Infants	..	..	..	..	91
Norbury	..	..	..	..	95	Wellington R.C.	..	..	..	..	91
Wrockwardine Wood Council Senior	..	..	..	..	95	Broughall	..	..	..	..	91
Bicton	..	..	..	..	94	Stokesay	..	..	..	..	90
Kinnerley	..	..	..	..	94	Donington	..	..	..	..	90
Leighton	..	..	..	..	94	Edgmond	..	..	..	..	90
Bishop's Castle Boys	..	..	..	..	94	Wombridge Council Junior	..	..	..	..	90
Berrington	..	..	..	..	93	Wellington Constitution Hill	..	..	..	..
Buildwas	..	..	..	..	93	Senior Boys	..	..	..	..	90

SCHOOLS WITH NOT MORE THAN 50 PER CENT. OF CONSENTS.

<i>School.</i>						<i>School.</i>					
Cressage	..	..	..	..	50	Porthywaen	..	..	..	46
High Ercall		..	..	..	50	Market Drayton C.E. Junior		..		46
Welshampton		..	..	..	49	Bromlow	..	..	..	44
Astley St. Mary		..	..	..	48	Plowden	..	..	..	43
Farlow	..	..	..	..	48	Neen Sollars	..	..	..	43
Selattyn	..	..	..	..	48	Kemberton	..	..	..	34
Chelmarsh	..	..	..	..	47	Button Oak	..	..	..	33
Bitterley	..	..	..	..	46					

OPEN AIR EDUCATION.

Playground Classes are encouraged, but they are held only in a comparatively small number of schools.

Residential Open-Air Schools.—The Local Education Authority maintains three beds in residential open-air schools to which children who are in a persistently poor state of health, not traceable to any definite physical defect, but probably attributable in most instances to poor home circumstances, lack of proper food and unhygienic conditions, can be sent. These beds are not occupied continually by the same children, but carefully selected children are sent for a period of three months, when their places are taken by other children equally suitable.

In this County, during the year 1935, the School Medical Inspectors reported 1,076 of the children examined at routine medical inspections as suffering from malnutrition due to one cause or another. As the number of children so examined only represented about one-third of the children on the registers, it can be calculated that about 3,200 children attending Elementary Schools suffer from poor health, which shows itself in the form of malnutrition. These figures are sufficient to show that, if a special open-air residential school were provided, where the children would be well fed and would live under the best hygienic conditions, the expenditure involved would be abundantly justified in the benefit to health of a large number of the child population of school age.

At the beginning of the year there were three Shropshire school children in the Liverpool Open-air Hospital, Leasowe, and one in St. Catherine's Home, Ventnor, Isle of Wight, and fifteen other cases were sent to these schools during the year. Fifteen of these children were discharged during the year, leaving three children in the Liverpool Open-Air Hospital and one in the St. Catherine's Home. All the children discharged were found to have improved in health, some in a very marked degree.

Dr. Weston comments as follows on the results of the treatment :—"Sixteen children were sent to Open-Air Schools, each remaining for a period of three months. Owing to the greater distance only three were sent to Ventnor. These three children suffered from asthma, and it was thought that the milder climate of the Isle of Wight would be most suitable to their condition. On their discharge it was reported that they had been quite free from asthma, the catarrh had cleared up and an average gain in weight of 12 lbs. made. It is hoped that the improvement will be permanent.

"Thirteen children were sent to the Liverpool Open-Air Hospital for one or more of the following conditions :—malnutrition, anaemia, dullness and lack of energy combined with physical defects such as catarrh, minor heart defects and bad posture. Of these children, one died as a result of tonsillitis which aggravated the heart condition for which he was sent in. Two other children came from good homes, and their poor condition on admission was due to the fact that they were the offspring of delicate parents; these showed improvement but not to the same degree as the remaining ten children who came from homes described as overcrowded or insanitary and dirty. The discharge reports of this latter group are uniformly good; catarrh and anaemia cleared up, an average gain in weight of 4 lbs. was made, and in each case it is reported that they had gained in energy and were able to take exercise without fatigue. Two of the children actually lost weight as a result of the increased energy they showed.

"Although the number under consideration is small, it is possible to conclude that the greatest benefit from a period in an Open-Air school is derived by children suffering from anaemia and lack of energy as a result of malnutrition and bad hygienic surroundings. Children who are constitutionally delicate do not benefit to the same extent, and children with definite organic disease are as a rule unsuited to this form of treatment.

"Out of a school population of 28,000 the number of children sent to Open-Air Schools is very small. Owing to the limited number of beds available only the worst cases are selected. If accommodation were more readily available a great many more children would be recommended by Assistant Medical Officers and greater benefit would be done to the health and consequently to the educational receptivity of these children."

School Camps.—The only school known to have sent children to a School Camp was Broseley C.E. Boys School.

REPORT ON PHYSICAL TRAINING, 1935.

The following is the report made by MRS. DAVEY, Organiser of Physical Training :—

COURSES FOR TEACHERS, 1935.

Centre.	Duration.		Class Hours.	Students.		Student Hours.	Percentage of possible attendances
	From	To		Men.	Women.		
Oswestry	29th Jan.	12th Mar.	10½	5	70	662	83.8
Baschurch	10th Mar.	19th May	10	2	15	158	92.9
Minsterley	20th May	3rd June	4½	8	30	158	92.4
Wrockwardine Wood "A" ..	28th Jan.	25th Mar.	13½	10	28	375	73.1
Wrockwardine Wood "B" ..	28th Jan.	25th Mar.	10½	—	30	260	82.5

Wrockwardine Wood.—Arrangements were made in the first instance for one class only, but the excellent attendance of teachers necessitated the provision of two classes.

Oswestry.—A large number of teachers attended at this Centre, but as the Hall was an exceptionally large one, it was possible to continue as one class. Thanks are due to the Shropshire Territorial Army Association for the use of the Drill Hall at Oswestry for the class.

Baschurch.—The area served by this Centre was limited and, consequently, a short course of five lessons only was given. The good attendance and keenness shown by the members made up for the lack of numbers.

PLAYGROUNDS.

A number of playgrounds have been resurfaced with tar paving during the year, making it possible for physical training lessons to be taken in these Schools with more regularity than formerly.

It is understood that quite a large number of playgrounds are to be resurfaced during 1936.. This is very welcome news, but many unsatisfactory playgrounds still need attention.

PLAYING FIELDS.

The majority of the Schools now have grass playing spaces. Having procured a field, the teachers are encouraged to make good use of it. In many cases the boys get the bigger share of the field, girls being left to do as well as they can in the playground. This is often thought reasonable by the teachers because, as a rule, boys are more suitably shod than girls for playing on grass.

It is hoped that girls will be given more opportunities of playing organised games on grass, such as shinty, rounders and stoolball.

Much more could be done by teachers and scholars in the matter of 'marking-out' and caring for the playing fields. Unfortunately some owners of the fields will not allow marks or goal posts to be erected, but it is felt that, with a little persuasion and some ingenuity, more could be done than at present.

Children should be encouraged to prove their initiative and resource by adapting and improvising in the matter of marks and apparatus.

Meantime the Local Education Authority is giving a lead by supplying the most essential apparatus.

SWIMMING.

The results, unfortunately, were not quite so good as last year. This does not necessarily mean that there is any diminution of interest. Nineteen hundred and thirty-five was a very short swimming season—especially for the open-air baths. Cold weather continued into June and began again in September.

One hundred and seventy children gained length certificates, and 95 gained proficiency certificates.

Instructions and suggestions have been issued to the Schools where swimming is taught, and it is hoped that better results will be reported next year.

GRANTS FOR VACATION COURSES.

Six grants of £5 each were given to teachers last year to enable them to attend a Vacation Course. Teachers from the following Schools were selected :—

Oswestry Trinity Junior, Hadley Girls', Cleobury Mortimer Boys', Stokesay Council, Whitchurch Methodist, St. Michael's Boys', Shrewsbury.

A request to the Local Education Authority for additional grants for 1936 was approved, and the number of grants was increased from 6 to 12. This increase is greatly appreciated, especially as, up to the time of writing this report, over 30 applications for grants have been received. Several of these teachers are prepared to attend the Vacation Courses at their own expense.

PHYSICAL TRAINING FILMS.

The Gaumont British Instructional Films Bureau have issued some splendid films showing classes of children at work. Thinking these would be both instructive and entertaining to teachers and children, arrangements were made for films to be shown at various Cinemas. The performances took place at the end of the afternoon school session, and the attendance exceeded all expectations. The centres chosen were Oswestry, Wellington, Bridgnorth, Dawley, Oakengates and Craven Arms. It was necessary to give two performances at Oakengates and Craven Arms.

It is suggested that a Junior Cinematograph be purchased in order that it could be taken round to the schools which are too far from a cinema to make an attendance practicable. This would give a greater number of teachers and scholars a chance of seeing these instructional films—not necessarily only those relating to "Physical Education."

The 'Daily Lesson' in physical training continues to improve—slowly it is true, but the general level of the work is decidedly better than it was.

The work is progressing more rapidly in the Infant departments than in the Senior classes of an all-standard School. Infant teachers are, generally speaking, more ready to attempt the informal, vigorous type of lesson. Some of the older teachers are reluctant to leave the more formal type of lesson—they need some persuasion to adopt the 'group system' as suggested in the new syllabus.

The formal type of lesson is easier from the disciplinary point of view, but the method of taking a large class in groups in which the scholars work under their own leader and each one is intent and absorbed in improving his or her own prowess is really worth cultivating, as the discipline will reach a much higher level.

The nature of the average child is to be keenly interested in his or her own achievement. If, when working in groups, the attention wanders, and efforts are listless, then the fault lies in the choice of activity, or in the standard of work demanded by the teacher.

Speaking generally, experience shows that the average teacher does not expect enough from the children—a definite demand for better work usually meets with response—and besides, children enjoy giving of their utmost when they see it is expected of them.

CENTRAL COUNCIL OF RECREATIVE PHYSICAL TRAINING.

The first conference of the Central Council of Recreative Physical Training was held in November last, and permission to attend was much appreciated.

A large number of representatives from various organisations attended—leaders of Boy Scout and Girl Guide movements, Boys' Brigades, Clubs, Evening Institutes, National Playing Field Associations, etc., etc., in fact any organisation concerned with some phase of Physical Education had been invited.

It is generally recognised that, while children are at school, they get some form of physical training, but, as soon as they leave school, they are allowed to 'drift,' as they have no opportunity of continuing their physical education.

The Central Council of Recreative Physical Training aims at providing some means of healthy activity for everybody.

It is a "co-ordinating body"—there is no intention to interfere with existing organisations, but it intends that there shall be no 'gaps.' Every boy or girl, man or woman, should be given the opportunity of helping themselves to keep fit.

The movement is a National one and Local Education Authorities are urged to give the matter serious consideration.

The Board of Education and the Central Council of Recreative Physical Training assume that Organisers of Physical Training will automatically extend their influence and responsibilities and become the co-ordinating unit in their own locality.

There are various Clubs, "keep fit" classes and other activities in Shropshire, but, unfortunately, there is no central co-ordinating organisation.

The Organiser, under the terms of her appointment, is restricted to work in Elementary Schools.

Suggestions as to the expansion and development of the work in Shropshire have been submitted to and are under the consideration of the Committee.

K. W. DAVEY,

Organiser of Physical Training.

CO-OPERATION OF PARENTS, TEACHERS, SCHOOL ATTENDANCE OFFICERS AND VOLUNTARY BODIES.

PARENTS.—A notice is sent to all parents inviting their presence at the routine medical and dental inspections, and a special effort is always made to get the parents of seriously defective children to attend.

TEACHERS.—In addition to the help which the teachers give at ordinary school medical inspections, the assistance which they render during the inter-inspection periods in bringing their influence to bear on the parents to secure the treatment which has been advised is very great. This is especially so in the matter of dental treatment, and the effect of a change of head teacher is often very markedly reflected in the number of children whose parents consent to treatment.

SCHOOL ATTENDANCE OFFICERS.—School Attendance Officers are present at the medical inspections when required, and are available for bringing up children who are absent and whose examination is considered desirable. In persistently verminous cases, where it is necessary to take legal proceedings and the nurse objects to appearing in court, they are always present at the final examination of the child, and are therefore able to give evidence when required.

VOLUNTARY BODIES.—The Inspectors of the National Society for the Prevention of Cruelty to Children have been of great help in obtaining medical treatment where other means have failed, and in dealing with cases of gross neglect.

BLIND, DEAF, DEFECTIVE AND EPILEPTIC CHILDREN.

There were 42 mentally defective, 3 blind, 4 deaf and dumb, and 48 physically defective children certified as "Exceptional" by the Medical Officer during the year.

The number of children admitted to Special Schools during 1935, whether ascertained that year or previously, was 6 mentally defectives, 3 blind, 1 deaf and dumb, and 69 physically defective children.

Mental Defectives.—Although 42 mentally defective children were certified as suitable for a special school, only 2 were admitted during the year, thus leaving 40 for whom no special provision was made. The reasons for their non-admission were as follows:—

Parents' refusal	..	..	..	..	25
Too old on certification	..	..	..	..	7
Awaiting vacancies	..	..	..	..	8

The above is typically representative of what happens annually to the children found to be feeble-minded and suitable for special schools by the Assistant School Medical Officers. There are thus a large number of feeble-minded children in attendance at ordinary elementary schools.

In addition to the 42 mentally defective children found suitable for admission to special schools, 14 children ascertained to be mentally defective were notified to the Local Control Authority under the Mental Deficiency Act. Of these 6 were imbeciles and 8 were feeble-minded but uneducable children.

Two other children admitted to a special school in previous years, having reached the age of 16, were discharged and notified to the Local Control Authority.

There are at present 10 children in Sandlebridge Special School, 6 at Monyhull Residential School, and 1 at Besford Court Catholic Mental Welfare Hospital.

Blind and Deaf Children.—In both of these classes of children accommodation in special schools is always found if the parents are willing for removal. Every effort is made to get these children admitted as early as possible.

Physical Defectives.—On the recommendation of the School Medical Officer, the more serious orthopaedic cases are admitted to the Orthopaedic Hospital, which is also a special school for physically defective children within the meaning of the Education Act. The cases are discovered principally by the School Medical Officers and nurses, every effort being made to ascertain the cases as early as possible.

NURSERY SCHOOLS.—There are none of these schools in the County.

CONTINUATION SCHOOLS.—There are no Continuation Schools in the County.

EMPLOYMENT OF CHILDREN AND YOUNG PERSONS.

The children over 12 years of age in private employment come under the notice of the Assistant School Medical Officers at each visit to the Schools.

If a Medical Officer considers that any of these employed children are not in a fit state of health to be employed outside of school hours, the facts are transmitted to the Secretary for Education for appropriate action to be taken.

SECONDARY SCHOOLS.

Medical inspection is carried out in 15 of the 17 Secondary Schools in the County. Four of the Secondary Schools are Aided Schools; and of these Aided Schools two undergo medical inspection. As four of the Secondary Schools, namely, Bishop's Castle, Bridgnorth Grammar, Coalbrookdale High and Market Drayton Grammar are mixed schools, they have to be inspected by male and female medical officers. An effort is made to carry out an inspection in each school every term, and with the exception of six inspections this has been done. The number of children in attendance in Secondary Schools in the County in September, 1935, was 3,400, and the number of children on the registers of those secondary schools which undergo medical inspection was, on that date, 2,968.

The children who undergo routine medical examination at the visit of the medical inspector are entrants, children aged 12 and 15, and leavers. In addition, re-examination is carried out in the case of those children in whom some defect has been found at a previous examination, and progress is recorded on a treatment card till further examination on account of defects found is no longer indicated. The head master or head mistress also brings forward for special examination any children, not included in the groups mentioned above, in whose case there seems to be a condition or defect requiring medical attention.

Number of Children Medically Examined.—Below is given in tabular form particulars of the children who underwent routine medical examination:—

Age ..	..	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	Total.
Boys ..	..	1	5	1	2	12	17	69	107	133	30	38	177	17	15	13	5	1	643
Girls ..	..	..	2	1	3	13	12	79	141	200	33	54	234	29	22	21	6	1	851
Totals for 1935		1	7	2	5	25	29	148	248	333	63	92	411	46	37	34	11	2	1494
Totals for 1934	..	..	3	4	7	13	27	152	246	394	60	83	314	53	37	36	11	..	1440

RE-EXAMINATIONS.				SPECIAL EXAMINATIONS.		TOTAL.
Boys	..	..	508		5	513
Girls	..	..	644		39	683
Totals for 1935					44	1196
Totals for 1934					42	1231

Arrangements for securing Treatment.—No general arrangements have been made by the Local Education Authority for providing treatment for children attending Secondary Schools in whom defects are discovered. If, however, a free place scholar is found to be in need of treatment for a visual defect, and the parents are unable to secure the necessary treatment, the Local Education Authority undertake to provide facilities. In addition, dental inspection is carried out in Secondary Schools as in the case of Elementary Schools and dental treatment under the scheme of the Local Education Authority is provided for those scholars who have special places. The Orthopaedic After-care Centres are, of course, available for scholars from Secondary Schools, just as for Elementary School children, but the Local Education Authority does not undertake to provide beds in the Orthopaedic Hospital in the case of the former. The parents of Secondary School scholars are not visited by school nurses, as is the case in Elementary Schools, and the whole question of securing treatment is left in the hands of the Head Masters and Head Mistresses, who write to the parents regarding any children for whom treatment has been advised by the medical inspectors.

Amongst Secondary School children treatment for defects of the grosser type is more readily obtained by the parents than amongst Elementary School children, but when a defect is of the minor type, a large number of those discovered in Secondary School children go untreated. This last is probably to be attributed partly to the fact that, after a medical inspection in an Elementary School, the homes of the children in whom defects have been found are visited by the school nurses, who point out to the parents the necessity for obtaining treatment at the earliest possible moment, and partly to the fact that facilities for treatment of children in attendance at elementary schools are provided by the Local Education Authority. As, however, about half of the children in attendance at Secondary Schools come from substantially the same class of home as the children in Elementary Schools, the considerations which make desirable the provision of treatment under County Council Schemes for children in attendance at Elementary Schools apply with at least equal force to about 50 per cent. of the children in attendance at Secondary Schools.

Defects found and Treatment received.—On page 35 are tables giving details of defects found, requiring either observation or treatment; and below is given in convenient form for reference a summary of the defects, with a statement of the number of children found during the year by the medical inspectors to have obtained treatment for defects discovered at previous examinations :—

	Defective Eyesight.	Tonsils & Adenoids.	Ear Conditions.	Skin Disease.	Orthopaedic Defects.	Other Conditions.	Total.
Defects discovered	137	16	7	15	230	67	472
Defects treated ..	134	11	9	8	77	12	251

During the year, 54 cases of defect of vision were dealt with under the scheme of the Local Education Authority, and 80 through private practitioners or hospitals.

Spectacles were prescribed and obtained in 121 cases, 48 under the Local Education Authority's scheme, and 73 otherwise.

Dental Inspection and Treatment.—All the schools in which medical inspection is carried out are visited by the Dental Officers, and all the scholars are inspected at each visit. Only those scholars, however, who have special places receive treatment under the scheme of the Local Education Authority. The parents of the other scholars are advised to obtain the necessary treatment through the agency of private dentists.

In all schools inspection and treatment was carried out once.

The findings of the School Dental Officers are given in the tables below, in which the condition of the mouths of free placers, fee paying and elementary school children are compared.

AVERAGE NUMBER OF DECAYED TEETH PER CHILD.															
Age		..	7 and under.	8	9	10	11	12	13	14	15	16	17	18	All Ages.
Free-placers	..	..				1.9	2.1	2.1	2.1	2.6	3.2	3.1	4.3	4.7	2.6
Fee-paying	..	..	3.9	3.0	3.7	2.8	2.3	2.4	2.4	2.9	3.2	5.0	3.6	6.9	2.9
Elementary	..	..		3.6	3.0	2.5	2.1	1.8	1.8	2.1					3.0

PERCENTAGE FREE FROM CARIES.

Age	7 and under.	8	9	10	11	12	13	14	15	16	17	18	All Ages.
Free-placers				20	18	17	22	15	15	10	11	5	16
Fee-paying	7	3	12	10	21	23	21	19	15	5	4	13	17
Elementary		7	9	14	19	24	26	23					16

It will be seen that, while there is an average of 2.9 decayed teeth amongst the fee-paying children, the average is 2.6 amongst the free-placers.

On page 36 a statement is given in tabular form of the number of children inspected by the School Dental Officers in Secondary Schools, of the findings of these inspections, and of the number of free-placers who were actually treated by them. The following are the chief facts :—

	Fee-paying.	Free-placers.
Total No. of Inspections	1471	1216
No. of children referred for treatment	711	594
No. of children actually treated	—	424

STATISTICAL TABLES—ELEMENTARY SCHOOLS.

TABLE I.—A—ROUTINE MEDICAL INSPECTIONS.
Number of Code Group Inspections—

Entrants	3,001
Intermediates	3,248
Leavers	2,794
Total ..	9,043

Number of other Routine Inspections ..

B—OTHER INSPECTIONS.

Number of Special Inspections	4,578
Number of re-inspections	10,922
Total ..	15,500

C.—NUMBER OF INDIVIDUAL CHILDREN FOUND AT ROUTINE MEDICAL INSPECTION TO REQUIRE TREATMENT (EXCLUDING UNCLEANLINESS AND DENTAL DISEASES).

Group. (1)	Number of Children.	
	Inspected. (2)	Found to require treatment. (3)
Code Groups :—		
Entrants	3001	435
Intermediates and other Routine inspections	3248	569
Leavers	2794	443
Total (Prescribed Groups)	9043	1447
Other Routine Inspections .. ..	..	..
Grand Total	9043	1447

TABLE II.—A.—RETURN OF DEFECTS FOUND AT MEDICAL INSPECTION IN THE YEAR ENDING 31ST DECEMBER, 1935.

Defect or Disease.					Routine Inspections.		Special Inspections.	
					No. of Defects.		No. of Defects.	
					Requiring treatment.	Requiring to be kept under observation, but <i>not</i> requiring treatment.	Requiring treatment.	Requiring to be kept under observation, but <i>not</i> requiring treatment.
(1)					(2)	(3)	(4)	(5)
Skin	Ringworm—							
	Scalp .. .. .				..	..	3	..
	Body				7	..	..	..
	Scabies				7	..	2	..
	Impetigo				18	..	7	..
§ Eye	Other Diseases (Non-Tuberculous)				24	1	2	..
	Blepharitis				26	18	4	2
	Conjunctivitis				11	2	2	..
	Keratitis .. .. .				..	..	..	..
	Corneal Opacities				1	1	..	..
Ear	Defective Vision (excluding Squint)				358	162	77	12
	Squint				57	19	3	1
	Other Conditions				7	10	8	5
	Defective Hearing				12	9	9	1
	Otitis Media				30	8	3	..
Nose and Throat	Other Ear Diseases .. .. .				..	1	2	2
	Chronic Tonsilitis only				191	775	27	42
	Adenoids only				18	50	2	1
	Chronic Tonsilitis and Adenoids				107	60	15	8
	Other Conditions				20	26	5	17
Enlarged Cervical Glands (Non-Tuberculous)					5	289	3	23
Defective Speech .. .. .					..	35	..	9
Heart and Circulation.	Heart Disease—							
	Organic				13	78	..	6
	Functional .. .. .				..	74	..	2
	Anaemia				12	37	6	51
	Bronchitis				25	51	1	9
Lungs	Other Non-Tuberculous Diseases				18	31	1	8
	Pulmonary—							
	Definite .. .. .				..	..	1	..
	Suspected .. .. .				..	..	..	..
	Non-Pulmonary—							
Tuberculosis	Glands				15	1	4	..
	Bones and Joints				5	..	..	..
	Skin .. .. .				..	..	..	..
	Other Forms				1	1	..	..
	Epilepsy				5	6	1	2
Nervous System	Chorea				2	4	..	1
	Other Conditions				1	2	..	..
	Rickets				17	37	..	2
Deformities	Spinal Curvature				48	49	5	1
	Other Forms				397	146	29	8
Other Defects and Diseases (excluding Uncleanliness and Dental Diseases)					154	257	27	51
Total					1612	2240	249	264

§ In addition there were 182 "Routine" and 12 "Special" cases of defective vision which had been corrected by glasses at the time of examination.

B.—CLASSIFICATION OF THE NUTRITION OF CHILDREN INSPECTED DURING THE YEAR IN THE
ROUTINE AGE GROUPS.

Age Groups.	Number of Children Inspected.	A. (Excellent).		B. (Normal).		C. (Slightly Subnormal).		D. (Bad).	
		No.	%	No.	%	No.	%	No.	%
Entrants	3001	209	6.96	2428	80.91	354	11.80	10	.33
Second Age-group	3248	221	6.80	2597	79.96	414	12.75	16	.49
Third Age-group	2794	307	10.99	2205	78.92	272	9.74	10	.36
Other Routine Inspections ..	..	..	..	..	..	..	..	..	..
Total	9043	737	8.15	7230	79.95	1040	11.5	36	.40

TABLE III.

TABLE III.—RETURN OF ALL EXCEPTIONAL CHILDREN IN THE AREA AT THE END OF 1935.

	At Certified Schools for the Blind.	At Certified Schools for the Partially Sighted.	At Certified Schools for the Deaf.	At Certified Schools for the Partially Deaf.	At Certified Schools for Mentally Defective Children.	At Certified Special Schools.	At Public Elementary Schools.	At Other Institutions.	At no School or Institution.	Total.
Blind Children	4	..	..	..	..	..	..	..	..	4
Partially Sighted Children	7	..	..	..	..	..	10	..	3	20
Deaf Children	11	..	..	..	..	..	1	12
Partially Deaf Children	3	..	..	..	9	..	2	14
Mentally Defective Children—Feeble- Minded Children	18	..	122	..	71	211
Epileptic Children—Children suffering from Severe Epilepsy	2	..	..	13	15
PHYSICALLY DEFECTIVE CHILDREN.										
A.—Tuberculous Children—										
I.—Children suffering from Pulmon- ary Tuberculosis	8	10	18
II.—Children suffering from Non- pulmonary Tuberculosis	6	103	10	36	155
B.—Delicate Children	4	118	3	30	155
C.—Crippled Children	6	117	1	35	159
D.—Children with Heart Disease	2	53	3	22	80

CHILDREN SUFFERING FROM MULTIPLE DEFECTS.

Combination of Defect.	At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
Feeble-minded and Severe Heart Disease..	..	1	..	..	1
Feeble-minded and Crippling	2	2
Deafness and Severe Heart Disease	1	1
Crippling and Severe Heart Disease	1	1

TABLE IV.—RETURN OF DEFECTS TREATED DURING THE YEAR ENDED 31ST DECEMBER, 1935.
TREATMENT TABLE.

GROUP I.—MINOR AILMENTS.

Defect or Disease. (1)	Number of defects treated, or under treatment during the year.		
	Under the Authority's Scheme. (2)	Otherwise. (3)	Total. (4)
Skin—			
Ringworm Scalp—			
(i) X-Ray Treatment	2	..	2
(ii) Other	17	3	20
Ringworm—Body	34	..	34
Scabies	28	2	30
Impetigo	297	..	297
Other Skin Diseases	403	10	413
Minor Eye Defects—			
(External and other, but excluding cases falling in Group II)	219	20	239
Minor Ear Defects	143	22	165
Miscellaneous	1921	24	1945
(e.g., Minor injuries, bruises, sores, chilblains, etc.) ..			
Total	3064	81	3145

GROUP II.—DEFECTIVE VISION AND SQUINT (excluding Minor Eye Defects treated as Minor Ailments—Group I.)

Defect or Disease. (1)	No. of Defects dealt with.			No. of children for whom spectacles were			
	Under the Authority's Scheme (2)	Otherwise. (3)	Total. (4)	Prescribed. (1)		Obtained. (2)	
				(i) Under the Authority's Scheme.	(ii) Other-wise.	(i) Under the Authority's Scheme.	(ii) Other-wise.
Errors of Refraction (including squint)	1114	101	1215				
Other Defect or Disease of the Eyes	26	4	30				
Total	1140	105	1245	850	87	807	86

GROUP III.—TREATMENT OF DEFECTS OF NOSE AND THROAT.

Number of Defects.

Received Operative Treatment.												Received other forms of Treatment.	Total number treated.
Under the Authority's Scheme in Clinic or Hospital.				By Private Practitioner or Hospital, apart from the Authority's Scheme.				Total.					
(1)				(2)				(3)					
(i)	(ii)	(iii)	(iv)	(i)	(ii)	(iii)	(iv)	(i)	(ii)	(iii)	(iv)	(4)	(5)
71	9	224	7	14	6	32	2	85	15	256	9	23	388

(i) Tonsils only. (ii) Adenoids only. (iii) Tonsils and adenoids. (iv) Other defects of the nose and throat.

GROUP IV.—ORTHOPAEDIC AND POSTURAL DEFECTS.

	Under the Authority's Scheme. (1)			Otherwise. (2)			Total number treated.
	Residential treatment with education. (i)	Residential treatment without education. (ii)	Non-residential treatment at an orthopaedic clinic. (iii)	Residential treatment with education. (i)	Residential treatment without education. (ii)	Non-residential treatment at an orthopaedic clinic. (iii)	
Number of children treated ..	81	..	968	..	1	6	1056

GROUP V. DENTAL DEFECTS.
NUMBER OF CHILDREN DEALT WITH.

Age				AGE GROUPS INSPECTED.											Specials.	Total.	
				Under 5	5	6	7	8	9	10	11	12	13	14			15
East of County .. ..	..	..	..	242	815	907	897	978	983	984	908	987	956	152	—	17	8826
(Mr. Birch)																	
South of County .. ..	..	..	..	128	815	1011	1096	1166	1159	1170	1055	1040	1134	195	6	—	9975
(Mr. Keenan)																	
North of County .. ..	..	..	..	178	714	933	1043	1110	1096	1070	1142	1074	1119	261	3	—	9743
(Mr. Catchpole)																	
Total .. ..	..	..	..	548	2344	2851	3036	3254	3238	3224	3105	3101	3209	608	9	17	28544

Age				NO. OF CHILDREN REFERRED FOR TREATMENT.											Specials.	Total.
				Under 5	5	6	7	8	9	10	11	12	13	14			15
East of County	86	370	535	578	613	592	532	459	424	398	62	—	17	4666		
South of County	19	274	509	657	736	685	618	484	427	422	58	3	—	4892		
North of County	46	280	486	601	675	640	593	591	511	451	94	1	—	4969		
Total	151	924	1530	1836	2024	1917	1743	1534	1362	1271	214	4	17	14527		

(b) Referred for Treatment 15408
(c) Actually treated 9835

NUMBER OF TEMPORARY TEETH DECAYED.

		SAVEABLE.										UNSAVEABLE.											
Age	..	Un-der5	5	6	7	8	9	10	11	12	13	14	Un-der5	5	6	7	8	9	10	11	12	13	14
East of County	..	1012	4080	4449	4349	3481	2656	1695	716	347	143	21	168	824	1284	1188	1162	786	573	310	167	105	8
South of County	..	289	1679	2125	1994	1596	948	526	207	84	17	4	59	460	715	951	969	833	548	309	185	69	9
North of County	..	304	1454	1774	1618	1245	879	509	288	114	38	9	127	898	1517	1670	1543	1034	706	414	244	100	9
Total	..	1605	7213	8348	7961	6322	4483	2730	1211	545	198	34	354	2182	3516	3809	3674	2653	1827	1033	596	274	26

NUMBER OF PERMANENT TEETH DECAYED.

Age	SAVEABLE.											UNSAVEABLE.										
	5	6	7	8	9	10	11	12	13	14	15	5	6	7	8	9	10	11	12	13	14	15
East of County	14	81	220	324	408	469	445	461	456	84	2	..	..	2	2	20	30	56	97	114	20	
South of County	5	19	89	230	276	337	293	327	386	49	1	..	1	24	59	97	171	172	182	201	36	
North of County	5	90	275	464	531	579	618	607	657	140	1	..	4	46	114	204	323	351	346	415	97	
Total ..	24	190	584	1018	1215	1385	1356	1395	1499	273	4	..	5	72	175	321	524	579	625	730	153	

PARTICULARS OF TIME GIVEN AND OPERATIONS UNDERTAKEN.

No. of Half-days devoted to Inspection.	No. of Half-days devoted to Treatment.	Total No. of Attendances made by the Children at the Clinics and Schools.	No. of Permanent Teeth		No. of Temporary Teeth		Total No. of Fillings.	No. of Administrations of General Anaesthetics.	No. of other Operations.	
			Ex-tracted.	Filled.	Ex-tracted.	Filled.			Per-manent Teeth.	Temp orary Teeth.
East of County. 88	272	3148	111	1602	2910	207	1828	—	1612	948
South of County. 79	335	3898	496	1120	3062	81	1219	—	1203	235
North of County. 85	303	3433	470	1687	3041	61	1996	1	1795	59
Total 252	910	10479	1077	4409	9013	349	5043	1	4610	1242

GROUP V.—UNCLEANLINESS AND VERMINOUS CONDITIONS.

- (1) Average number of visits per school made during the year by the School Nurses .. 8.9
- (2) Total number of examinations of children in the schools by the School Nurses.. .. 94,829
- (3) Number of individual children found unclean 2,863 approx.
- (4) Number of children cleansed under arrangements made by the Local Education Authority 0
- (5) Number of cases in which legal proceedings were taken :—
- (a) Under the Education Act, 1921 0
- (b) Under School Attendance Bye-Laws 14

RETURN OF DEFECTS (SECONDARY SCHOOLS).

Defect or Disease. (1)					Routine Inspections.		Special Inspections.	
					No. of Defects.		No. of Defects.	
					Requiring treatment. (2)	Requiring to be kept under observation, but <i>not</i> requiring treatment. (3)	Requiring treatment. (4)	Requiring to be kept under observation, but <i>not</i> requiring treatment. (5)
Skin	Ringworm—							
	Scalp .. .. .				..	..	..	..
	Body .. .. .				..	..	..	..
	Scabies .. .. .				..	..	..	..
	Impetigo .. .. .				..	..	..	..
Nose and Throat	Other diseases (Non-Tuberculous)				15	..	..	..
	Enlarged Tonsils only				12	59	1	1
	Adenoids only				1	1	..	..
	Enlarged Tonsils and Adenoids ..				2	..	..	..
	Other Conditions				5	2	1	..
Enlarged Cervical Glands (Non-Tuberculous) ..					1	6	..	..
Eye	External Eye Disease				6	1	1	..
	Defective Vision (including squint)				137	166	7	2
Ear	Defective Hearing .. .. .				..	2	..	..
	Otitis Media				5	..	1	..
	Other Ear Diseases				1	..	..	..
Defective Speech .. .. .					..	4	..	..
Intelligence (backward) .. .. .					..	13	..	..
Heart and Circulation					1	23	1	..
Anaemia					4	6	..	2
Tuber- culosis	Pulmonary—							
	Definite				1	..	..	..
	Suspected .. .. .				..	..	..	..
	Non-pulmonary—							
	Glands				4	..	1	..
	Bones and Joints .. .. .				..	..	..	..
Lungs	Skin .. .. .				..	..	..	..
	Other Forms .. .. .				..	..	..	..
	Bronchitis .. .. .				..	..	..	..
Nervous System	Other Non-Tuberculous Diseases				2	3	..	..
	Headache .. .. .				..	5	..	1
	Signs of Overstrain .. .. .				..	11	..	1
Chorea .. .. .					..	..	..	..
Rheumatism					1	..	..	..
Digestion .. .. .					..	3	..	..
Deform- ities	Spinal Curvature				13	73	1	1
	Flat Foot				33	68	..	5
	Other Deformity				16	20	..	..
Other Defects					33	24	5	3
Remedial Exercises advised					71		7	
Number of individual children found at Routine Inspection to require treatment					269			

CLASSIFICATION OF THE NUTRITION OF SECONDARY SCHOOL CHILDREN.

ROUTINE INSPECTIONS.

Number of Children.	<i>Excellent.</i>	<i>Normal.</i>	<i>Slightly Sub-normal.</i>	<i>Bad.</i>
1504	183	1289	32	0
	12.2	85.7	2.1	—

DENTAL INSPECTION OF SECONDARY SCHOOL CHILDREN.

Age					Age Groups Inspected.												Total.
					7 and under.	8	9	10	11	12	13	14	15	16	17	18 and over	
Fee-paying	..	..	..	..	42	37	41	80	160	236	313	247	193	65	49	8	1471
Free-place	..	..	..	..	..	..	..	51	164	206	227	202	188	96	61	21	1216
Total	..	..	..	..	42	37	41	131	324	442	540	449	381	161	110	29	2687

Age					No. of Scholars referred for treatment.												Total.
					7 and under.	8	9	10	11	12	13	14	15	16	17	18 and over	
Fee-paying	..	..	..	..	23	20	23	43	76	121	151	106	90	41	15	2	711
Free-place	..	..	..	..	..	..	..	25	85	101	109	97	85	47	34	11	594*
Total	..	..	..	..	23	20	23	68	161	222	260	203	175	88	49	13	1305

*Actually treated (Free-place) 424

PARTICULARS OF TIME GIVEN AND OPERATIONS UNDERTAKEN (SECONDARY SCHOOLS).

No. of Half-days devoted to Inspection.	No. of Half-days devoted to Treatment.	Total No. of Attendances made by the Children at the Clinics and Schools.	No. of Permanent Teeth		No. of Temporary Teeth		Total No. of Fillings.	No. of Administra- tions of General Anaesthetics.	No. of other Operations.	
			Ex- tracted.	Filled.	Ex- tracted.	Filled.			Per- manent Teeth.	Temp- orary Teeth.
26	77	588	134	526	86	1	538	0	601	1